

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
GRAIN WAREHOUSE BUREAU

WH#

GD#

QUALIFICATIONS OF SUPERVISORY PERSONNEL

Name and Address of Warehouse/Grain Dealer:

Employee Name and Address:

Position Title (Manager, Elevator Superintendent, etc.):

Duties With Above Firm:

Experience:

List any other employment held in the last three years.

Name and Address of Firm	Position Held	Dates Employed
		From: _____ To: _____
		From: _____ To: _____
		From: _____ To: _____
		From: _____ To: _____

References: (Give the names of two persons, not related to you and not connected with the warehouse and/or grain dealer operation you will service, who have personal knowledge of your qualifications):

Name	Street Address	Town	State	Occupation

Employee's Certification:

I Certify that the above information is true and correct
to the best of my knowledge and belief.

Signature _____

Date